

ISSUE SLIP STAP. E. AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. G.		9/23/99
O.I.P.E. CLASSIFIER		5	9-27-99
FORMALITY REVIEW		45372	10-6-99

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final Original	
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If more than 150 claims or 10 actions
staple additional sheet here

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